

# COMMUNITY INSPIRED INNOVATIONS IN MENTAL HEALTH

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## LEARNING OBJECTIVES

- Describe the positive impact of **5 synergistic elements for successful cross-sector collaborations** for improved community mental health.
- Explain the advantages of an interdisciplinary approach in **healthcare innovation**.
- Describe the collaborative process put in place to acquire **funding to test innovative approaches** to deliver mental health care services.





# COMMUNITY COLLABORATION: 5 SYNERGISTIC ELEMENTS



Data Driven  
Efforts



Community  
Champions  
Demand  
Organized Action



Technology  
Innovation



Funding



Relationships

Invested \$130K  
in Mental and  
Behavioral  
Health Needs  
Assessment

Received  
RWJF grant for  
\$325K

## DATA DRIVEN EFFORTS

The Lutheran Foundation's  
Mental and Behavioral  
Health Needs Assessment  
provided data for an  
application to RWJF in 2015

## A LEGACY OF CARING

The sale of the hospital in 1995 generated **\$137 million**, forming the Foundation as we know it today.

Since then, we have invested over **\$169 million** in regional organizations, churches, and schools.

THE **Lutheran**  
**Foundation**



# COMMUNITY NEEDS ASSESSMENT

“We envision spiritual, mental, and physical well-being for all people.”

- Focus on mental and behavioral health and wellness
- Becoming an intentional and impactful investor
- The findings from the study drive The Lutheran Foundation strategically





POLLING  
QUESTION

What do you think is the highest need in your community around mental health and addiction?

- Access to treatment (psychiatrist, hospitalization, therapist, etc.)
- Opioid crisis
- Youth resilience
- Suicidal ideation/completions
- Alcohol or other drug addictions
- Understanding how to access mental health services

# FINDINGS: COMMUNITY NEEDS ASSESSMENT

## Gaps in Service

- Medically Underserved
  - Rural areas
  - Low income
- Mental Health Professionals
  - Shortage
  - Concentration in one county

## Barriers to Service

- Stigma
- Income/ cost of care
- Distance to providers
- Entryways/Doors
- Off-roading (Do not collect \$200!)

- **Policy and structural issues** in mental and behavioral health
  - Expand protective factors, especially in non-urban counties
- **Combat the stigmatization** of mental and behavioral health
- Keep mental and behavioral health issues in the **forefront** of public, community, and corporate policy development



POLICY AND  
PERCEPTION

## ADDRESS ISSUES OF ACCESS

- Improving **resource and referral networks**
- **Sustaining care** until positive therapeutic outcomes can be realized
- Balancing personal cost and investment with **realities**
- **Expanded and accessible services** beyond case management and intake assessments in non-urban counties
- Address needs of **families** with mental illness amongst family members
- Seeding a **systemic approach**
- Supporting **schools** to become reliable referral resources
- Addressing **stigmatization**



HEALING OUR COMMUNITY WITH

# HOPE

Mental and behavioral health issues can be a silent struggle. But there's always hope on the horizon. Whether you want to raise awareness, reduce stigma, find help or help others – it's time to Look Up. Then look here for resources, information and providers.

LEARN MORE

GET IMMEDIATE HELP

CONFIDENTIAL & AVAILABLE 24/7



CALL 800-284-8439  
OR TEXT LOOKUP TO 494949

OR



START A CHAT

COMMUNITY CHAMPIONS  
DEMAND ORGANIZED ACTION



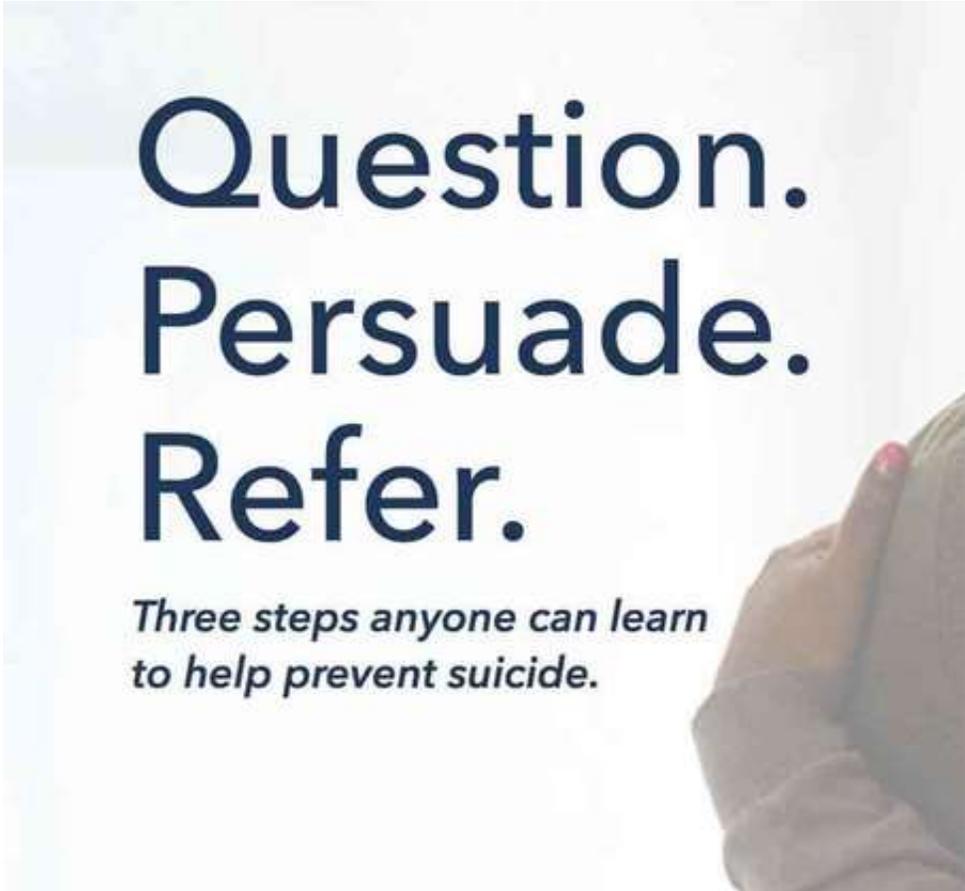
ORGANIZED  
ACTION  
GROUPS

- Regional Mental Health Coalition
- Fort Wayne **A**llen County **T**ask Force for **O**pioid **S**trategic Planning (FATOS)
- Common Messaging Group
- Children's Health Collaborative

## SOURCES OF STRENGTH

- Connects teens to trusted adults
- Breaking codes of silence
- Increase protective factors
- 19 schools in NE Indiana





# Question. Persuade. Refer.

*Three steps anyone can learn  
to help prevent suicide.*

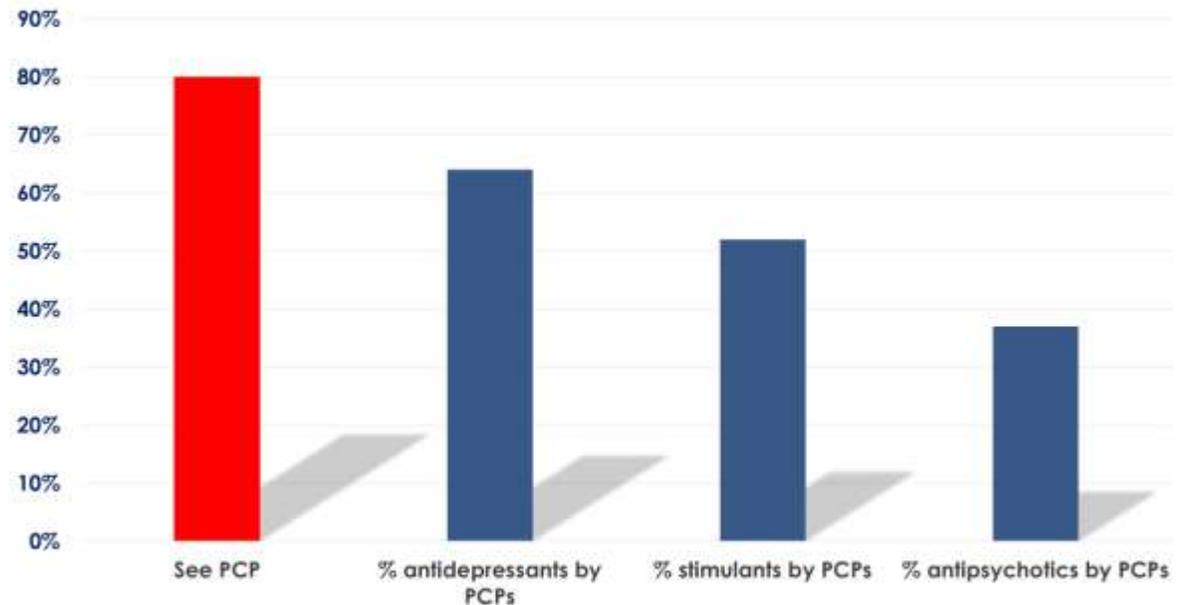
## QPR

- Question. Persuade. Refer.
  - CPR for the brain
- 40+ instructors
- 5,000 people
- Goal
  - One in Four People
  - One in Every Family
  - Super QPR Saturday



## Primary Care- Mental Health Integration

## Why Primary and Behavioral Care Integration is Needed

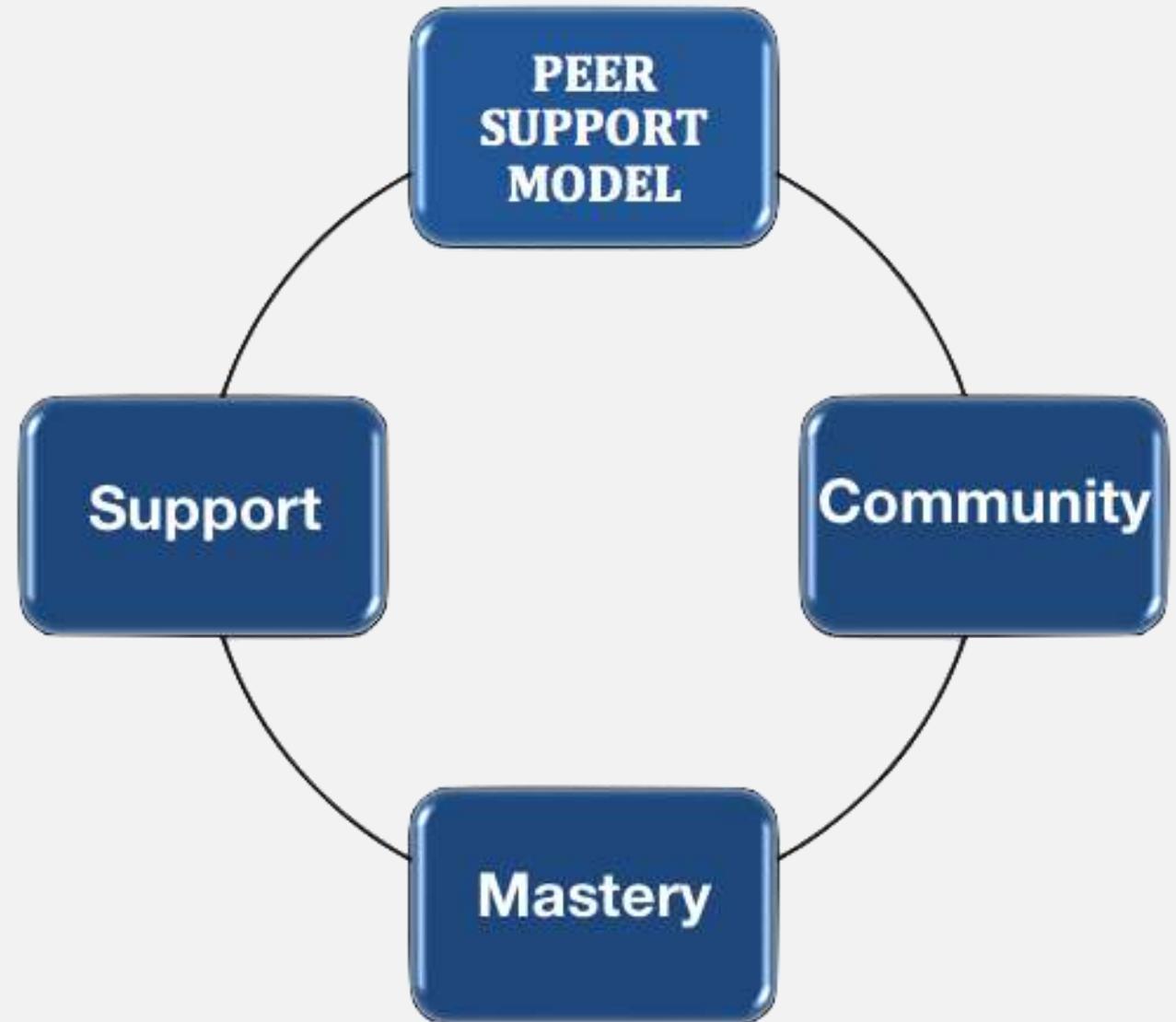


HOUSING



# PEER ADDICTION RECOVERY COACH

- Passionate about recovery
  - may have “lived” experience
- 52 hours of training
  - Certification exam
  - 25 hours of supervision
  - 40 hours continuing education
    - 6 hours in ethics



# FACTS ABOUT PEER RECOVERY SPECIALISTS

## **They Do**

- Provide support along the recovery process
- Support individuals plan for recovery
- Assist with overcoming barriers to recovery and harm reduction

## **They are NOT**

- Sponsors
- Therapists
- Treatment providers

## OUTCOMES TO DATE

- **July 18 through today**
- **5 Coaches-14 Coaches**
  - 1000 plus enrolled
  - 800 plus engaged in treatment
- **Pregnant Women**
  - 173 clients
  - 31 active clients
  - No Universal Screening to date

PEER RECOVERY COACHES:  
BUILDING CONNECTIONS,  
TRUST



- Peers in emergency departments, overdose response with police department, homeless shelter, syringe services program, Huntington Superior Court, Fulton County J
- Walk alongside individuals in recovery
- Harm reduction
- Connect to recovery services
- Connect to social service agencies

## EXPANSION OF MAT

- Park Center Affiliation-CMHC
  - Opens up a full continuum of care
  - SAMHSA grant to expand MAT services
  - Hub and Spoke Model
  - Access 7 days a week for treatment
- Integration Within the Health System
  - Goal is to align physical and mental health
  - Walk in Clinic



## WHY MAT?

The ultimate goal of MAT is  
**FULL RECOVERY** from a medical disease,  
including the ability to live a **SELF-DIRECTED LIFE**.

# MEDICATION-ASSISTED TREATMENT (MAT)

Combines *behavioral therapy and medications* to treat substance use disorder

## MAT Medications

- normalize brain chemistry and body functions

- block the euphoric effects of the substance

- relieve physiological cravings

- approved by the FDA

- currently only exist for alcohol, opioids, and tobacco

## MAT IN ED: PRESCRIBING BUPRENORPHINE



- Ability to prescribe Suboxone (buprenorphine and naloxone) in emergency department as part of treatment for overdose
- Connect to additional clinical services via peer recovery coach
- Provide additional access point to MAT services



**MOBILE  
INTEGRATED  
RESPONSE  
SYSTEM:  
\$1.35 MILLION  
FSSA GRANT**

## TRAUMA-INFORMED RECOVERY-ORIENTED SYSTEM OF CARE



- Interdisciplinary effort
- Recognize trauma in the lives of the people we serve
- Actively resist re-traumatization
- Minimize trauma within the system
- Holistic approach
- Person-centered: Many paths to recovery
- Self-directed: Responsible for own recovery
- Participation of family, caregivers, significant others, friends, community
- Collaborative decision making: Voice and choice

FORT WAYNE POLICE: CAN'T  
ARREST OUR WAY OUT OF  
THIS PROBLEM



- Officers as part of Overdose Response Team
- Work directly with PRCs
- Visit sites, people who recently experienced overdose
- Assist in getting people to enter treatment, recovery
- Unmarked vehicles
- Plain-clothed officers
- Not an investigatory visit

## LUTHERAN SOCIAL SERVICES: WRAP-AROUND SERVICES



- Offered while in or after completion of clinical services
- Modeled on SAMHSA wrap services
- Intensive case management services via care coordination, support services, therapeutic services,
- LSSI Works (Lasting Stability and Success for Individuals) job training program
  - Personal and professional skill development
  - Long term, sustainable employment
  - Job retention support through case management services

## LUTHERAN SOCIAL SERVICES: FAMILY SUPPORT SERVICES



- Need for therapeutic family services
  - Regardless of whether person who experienced/at risk of overdose receiving services
- Cohort model: six weeks, 1.5 hour sessions
- Topics:
  - Impact of SUD on family system
  - Trauma/ACES
  - Self-care and family recovery
  - Moving from codependency to empowerment
  - Family vitality

# TECHNOLOGY INNOVATION



# MIRRO CENTER FOR RESEARCH & INNOVATION

Improve the Health of our Community through  
Research and Innovation

***ADDICTION RECOVERY SUPPORT  
ON-DEMAND***

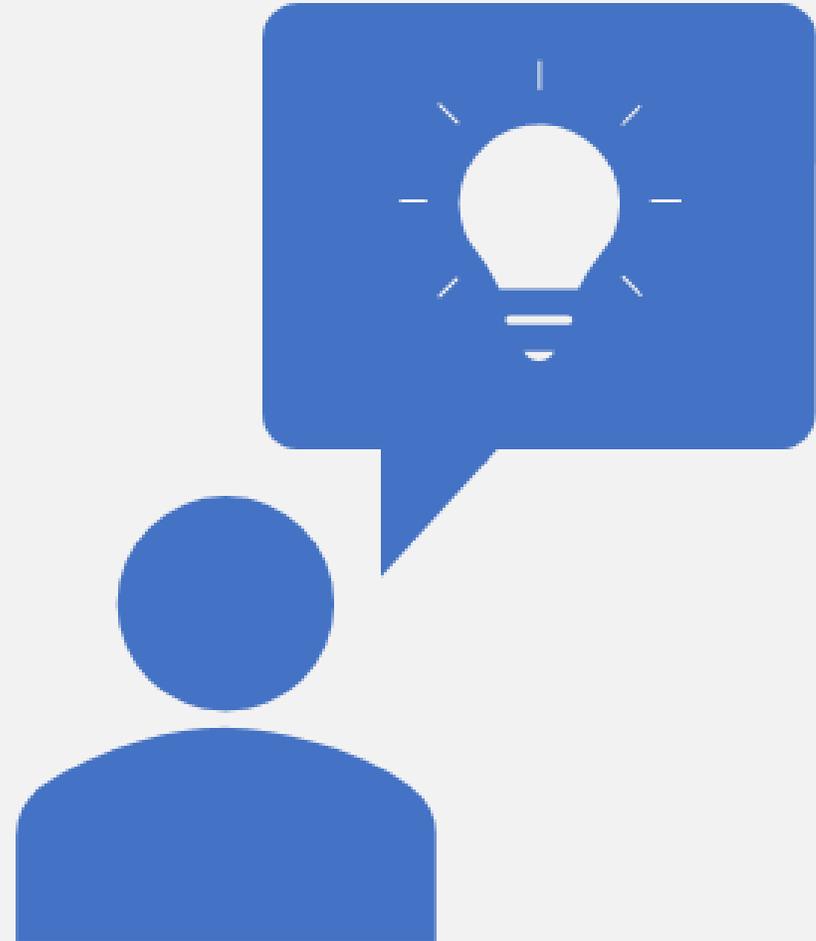
**American Hospital Association  
Innovation Competition Winner, 2018**

## POLLING QUESTION

Do you think that technology has a role in connecting people to resources?

Or how important do you think technology in connecting people to resources?

Would you use technology as a means to get mental health care?





## ENHANCING THE HUMAN CONNECTION

- Help in your pocket
- Support at point of decision making
  - Right Person
  - Right Message
  - Right Time



# PROPOSED INTERVENTION

- Peer Coach
- Mobile App
  - Just-in-time support

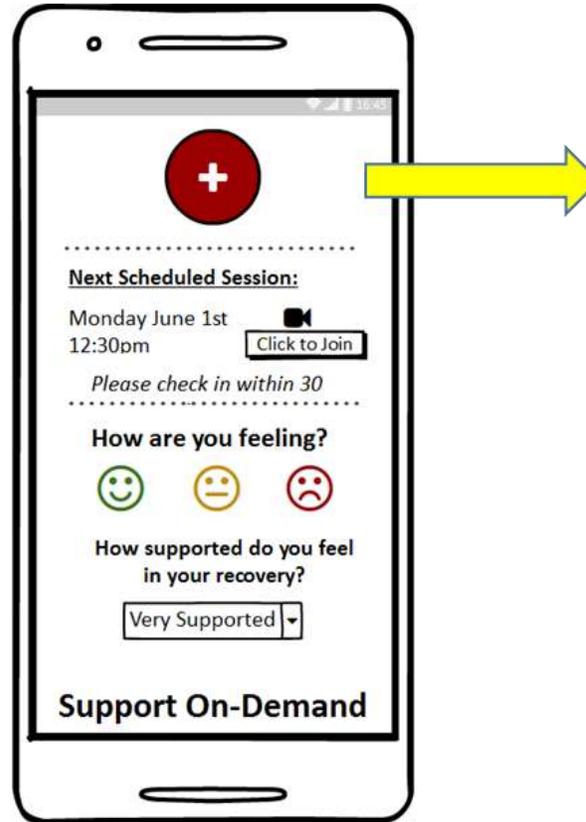


Urgent  
Distress

Scheduled  
Contact

Outreach  
and Check-in

TECHNOLOGY  
ENHANCED  
SUPPORT FOR  
ADDICTION  
RECOVERY



Recoveree

## Urgent Distress

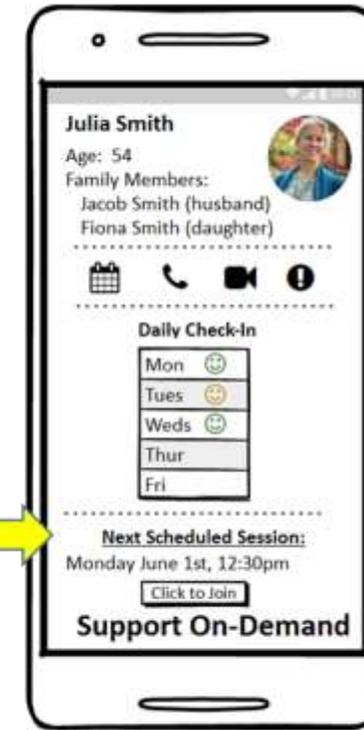
- Connect with Peer Coach
- Text interaction is initiated
- Option to move to voice or video call
- Option to initiate 3-way call with Emergency hotline



Recoveree

## Scheduled Contact

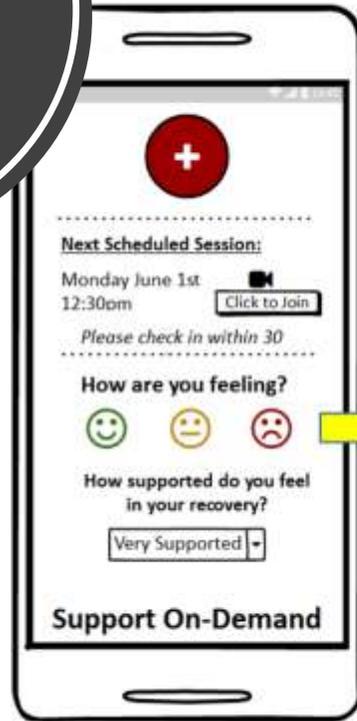
- Reminder of upcoming appointments
- One click voice / video call
- Option to include family members or others to the call



Peer Coach

TECHNOLOGY ENHANCED SUPPORT  
FOR ADDICTION RECOVERY

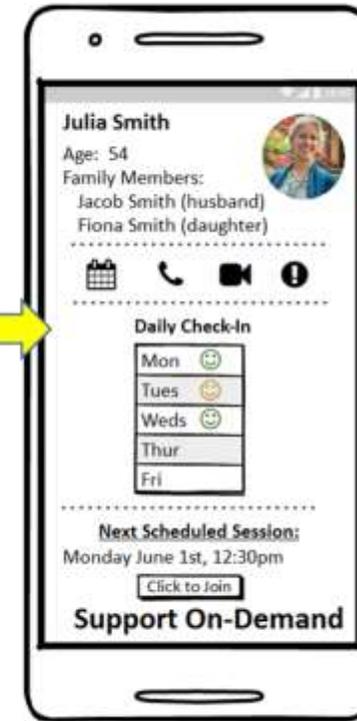
TECHNOLOGY  
ENHANCED  
SUPPORT FOR  
ADDICTION  
RECOVERY



Recoveree

## Outreach and Check-in

- The recoveree updates how they are feeling using icons and surveys
- Safety net feature to notify peer coach if recoveree does not check-in
- Optionally, a peer coach could reach out to a family member to initiate emergency protocol for recoveree



Peer Coach



PLAN FOR  
RESEARCH  
– DESIGN

1. Identify **design requirements** for app
  - Co-design sessions with end users
2. Build a prototype app & test **usability**
  - Usability sessions in the lab
3. **Pilot** test in “*in the wild*”
  - High fidelity prototype
4. **Iterate** on design to refine app
  - Based on user feedback from pilot
5. Formal **trial** of intervention

PLAN FOR  
RESEARCH –  
OUTCOMES

- Patient engagement in recovery
- Track cost avoidance
  - Wound Infection Prevention
  - Hepatitis C
  - Endocarditis
  - Overdose without Admission
  - Overdose with Admit
  - Neonatal Abstinence

# BUILDING OUT A SUPPORTING RESEARCH TEAM



CYBERBULLYING



EATING DISORDER/  
SOCIAL MEDIA



GENETICS  
INFORMED  
PRESCRIBING



PROGRAM  
EVALUATIONS



GRANT WRITING



MANUSCRIPTS

FUNDING

Funding Agency	Amount of Funding	Use of Funding
Robert Wood Johnson Foundation	\$325K	Telemental Health
Indiana DMHA	\$591K	Sources of Strength
Indiana DMHA	\$500K	Peer Recovery Coaches in emergency departments
Indiana DMHA	\$1.3 Million	Mobile integrated response grant
SAMHSA	\$1.5 Million	Expansion of MAT services
American Hospital Association	\$100K	Develop mobile app to support Recovery Coach – Recoveree communication
The Lutheran Foundation	\$186K	Optimizing Health & Wellness through Behavioral Health Integration into Primary Care

Funding Agency	Amount of Funding	Use of Funding
HRSA	\$ 725	MAT expansion
The Lutheran Foundation	\$500K	Integrated Care Clinic start-up support
Allen County Commissioners, The Lutheran Foundation, Community Partners, and the State of Indiana	\$3 Million	Increase in recovery residences (including inpatient care) resulting in 71 new beds
The Lutheran Foundation	\$14 Million	Grants for mental and behavioral health and wellness

# RELATIONSHIPS

PARKVIEW BEHAVIORAL HEALTH SERVICES &  
THE LUTHERAN FOUNDATION-  
CONNECTING THE COMMUNITY



# WHY ARE WE TAKING THIS APPROACH?

Feeling so much better today! #positivevibes



Two beautiful women,  
five precious children whose  
lives are forever changed





THANK  
YOU!

## Questions?

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